

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 891
 CERTIFICATE OF DEATH 1003

16407

Do not use this space.

4268

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (d) Street No. Mo. Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Enrico P. Ponciroli 526
 (a) Residence, No. 6624 Southwest St. 4 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Ernesta Lange

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 I 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy13. NAME Ernest Ponciroli14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Caralina Garavaglia16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT (ADDRESS) Mrs Ernesta Lange
6624 Southwest18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Paul DATE May 10 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul C. Calcuterra
5142 Baggott one20. FILED MAY - 9 1938 J. P. Medlock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1938, to May 6 - 1938
 I last saw him alive on May 6 - 1938. Death is said to have occurred on the date stated above, at 12 - P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Toxic Joints Date of onset 1-1-35
66b

Other contributory causes of importance:
Acute Dilatation of Heart
Heart Valve Insufficiency - 5-38
Heart Disease

Name of operation Thyroidectomy Date of 5-5-38
 What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify: Chloroform Poisoning M. D.
 (Signed) 305 Metropolitan St.
 (Address) St Louis Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Paul C. Calcaterra

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Paul C. Calcaterra

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggitt*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.